

## HISTORY FACILITY PROFILE

FEDERAL HEIGHTS REHAB AND NURS  
41 SOUTH 900 EAST  
SALT LAKE CITY UT 84102  
STATE'S REGION CODE: 001

PROVIDER #: 465055      FACILITY BEDS  
PHONE NUMBER: (801) 532-3539      TOTAL: 154  
PARTICIPATION DATE: 06/01/1977      CERTIFIED: 154      TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## RESIDENT CENSUS ON 03/21/2002

TOTAL: 98  
MEDICARE: 24  
MEDICAID: 47  
OTHER: 27

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 154

18      18/19      19      ICF/MR  
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154

## CURRENT SURVEY REVISIT DATES - 05/29/2002

PRIOR 3 SURVEY 04/1999	S/S CODE	PRIOR 2 SURVEY 06/2000	S/S CODE	PRIOR 1 SURVEY 02/2001	S/S CODE	CURRENT SURVEY 03/21/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
						X P	D	05/20/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X P	D	05/20/2002	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
		X	D		D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
				X	E				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	E				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	D						REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
				X	G				REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
				X	E				REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
		X	D						REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	E				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	E	X P	E	05/20/2002	REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E	X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D			X	D				REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
				X	E				REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
				X	E				REQ F0444-WASH HANDS WHEN INDICATED
				X	E				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	E	X	D				REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST  
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT  
SURVEY SURVEY SURVEY SURVEY  
04/1999 04/2000 01/2001 03/28/2002

PLAN/DATE  
OF CORRECTION

## LSC DEFICIENCIES - BLDG NO. 01

K0017-CORRIDOR WALLS  
K0018-CORRIDOR DOORS

K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0025-SMOKE PARTITION CONSTRUCTION  
K0033-EXIT PARTITIONS  
K0034-STAIRS AND SMOKE PROOF TOWERS  
K0047-EXIT SIGNS  
K0050-FIRE DRILLS  
K0052-TESTING OF FIRE ALARM  
K0054-SMOKE DETECTOR MAINTENANCE  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0072-FURNISHING AND DECORATIONS  
K0076-MEDICAL GAS SYSTEM  
K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	3	12	6	2
HEALTH TOTAL	3	12	6	2
LIFE SAFETY CODE	8	4	3	7
LIFE SAFETY CODE + HEALTH	11	16	9	9

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/18/2002	UNSUBSTANTIATED
07/31/2002	UNSUBSTANTIATED
08/06/2002	UNSUBSTANTIATED
09/18/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION      N=NO DATE GIVEN      P=PLAN OF CORRECTION      R=REFUSED TO CORRECT      W=WAIVED      F=FSSES      X=DEFICIENT  
COP = CONDITION      REQ = REQUIREMENT